

**COLE, GASCONADE, MARIES OSAGE COUNTY SWCD
PROGRAM SPECIALIST I**

1315 East Main
Linn, MO 65051
(573) 897-3797 Ext. 3

Soil and Water Conservation District Job Application

PERSONAL:

Full Name: _____

Home Address: _____

(Street)

(City)

(State)

(Zip)

Business Address: _____

(Street)

(City)

(State)

(Zip)

Social Security Number: _____

Home Phone: _____

Business Phone: _____

Interests, hobbies & activities: _____

Date Available for Employment: _____

Salary Desired: _____

Person to be contacted in case of emergency: _____

Address: _____

Home Phone: _____

Business Phone: _____

EDUCATION:

(include transcript if available)

High School Attended: (Name & Address) _____

Major Course of Study: _____

Years Attended: _____

Graduated: _____

Additional Education (Name & Address of School) _____

Major Course of Study: _____

Years Attended: _____

Graduated: _____

Special Qualifications: _____

Work Experience: (Please list most employment first)

1. Employer: (Name & Address)

Job Title and Duties:

Immediate Supervisor:

Phone:

Salary:

Are you employed there now?

May we contact them?

If not, why?

Dates of Employment:

From:

To:

2. Employer: (Name & Address)

Job Title and Duties:

Immediate Supervisor:

Phone:

Salary:

Are you employed there now?

May we contact them?

If not, why?

Dates of Employment:

From:

To:

3. Employer: (Name & Address)

Job Title and Duties:

Immediate Supervisor:

Phone:

Salary:

Are you employed there now?

May we contact them?

If not, why?

Dates of Employment:

From:

To:

(Attach additional sheet if necessary)

REFERENCES:

List name, address and phone number of three references and years known (not relatives):

1.

2.

3.

Describe your agricultural experience:

Describe your computer experience

Other related experience:

How did you learn of this position?

Write one paragraph explaining why you would like to work for the Soil and Water Conservation District.

PHYSICAL RECORD:

List any physical defects that may be a hindrance to your work performance for the position you are interested in.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I certify that all statements made within this document are true to the best of my knowledge.

Signature of Applicant:_____Date:_____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication for program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326W, Whitten Building, 14th & Independence Ave., SW Washington, D.C., 20250-9410 or call (202) 720-2964 (voice or TDD). USDA is an equal opportunity provider and employer.